

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13616

1. Entity Name

ROTARY CLUB OF MIAMI KENDALL, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90013 034 ****61.25

Principal Place of Business

Mailing Address

8181 NW 36 ST.
27B
MIAMI FL 33166

8181 NW 36 ST.
27B
MIAMI FL 33166-6620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0533745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN, JOE
12812 SW 122 AVE.
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STEPHEN, JOE
STREET ADDRESS 12812 SW 122 AVE
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE SD
NAME Chomut, Hector
STREET ADDRESS 11430 N Kendall Dr. #300
CITY-ST-ZIP Miami, FL 33176 ☐ Change ☒ Addition

TITLE TD
NAME BECK, HARLAN
STREET ADDRESS 8181 NW 36 ST., #27B
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CUBUSE, FELIPE I
STREET ADDRESS 10720 SW 146 AVE
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE PD
NAME Cabuse, Felipe I.
STREET ADDRESS 10720 SW 146 Ave
CITY-ST-ZIP Miami, FL 33186 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harlan Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)